

EMERGENCY DEPARTMENT CROWDING: A CALL TO ACTION IN THE NEW YEAR



William T. Briggs, RN, MSN, CEN, FAEN,
Boston, MA

There is a disease brewing in our country, but not the kind that is cured by antibiotics or the surgeon's knife. You know it as Emergency Department (ED) crowding. Its symptoms are well known: too many patients, too little space, long wait times, and the resulting anger and frustration. Research reveals severe consequences of crowding: delay in diagnosis, increased walk-outs of patients needing care, increased medical errors, ambulance diversions, increased hospital length of stay, increased negligence claims, and increased mortality.

This new disease's pathology has little to do with the ED itself. Building a bigger one is not the solution; rather, the solution can be found in opening the flow of patients out of the department to inpatient beds and community services. Increasing the efficiency of the ED will help, but increasing the efficiency of the hospital will have a broader, longer-range effect. High-impact solutions include scheduling surgeries and elective admissions to even the patient census, changing to a hospital-wide 24/7 operational culture rather than a Monday through Friday one, using alternative sites for admitted patients (e.g., observation units or admissions units), and increasing inpatient admission and discharge efficiency. Importantly, ED nurses must be at the table whenever key decisions are being made involving a hospital's patient flow.

Like other diseases, we must drill down to the cellular level. ED crowding is a sign of a weak health care system.

William T. Briggs is President of the Emergency Nurses Association and Trauma Program Manager, Tufts Medical Center, Boston MA.

For correspondence, write: William T. Briggs, RN, MSN, CEN, FAEN, Trauma Service, Tufts Medical Center, 800 Washington St, Boston, MA 02111; E-mail: bbriggs@tuftsmedicalcenter.org.

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The ED provides the safety net for the health care system and, hence, reveals the system's flaws. Hospitals relentlessly have been forced to contain costs, most notably by the Balanced Budget Act of 1997, which reduced Medicare payments by \$116 billion. Some bedding decisions are affected by a reimbursement system that favors surgical or cardiac catheterization lab patients over medical patients. Access to primary care is a major issue for the uninsured or under-insured. Unlike any other "business," the Emergency Medical Treatment and Active Labor Act mandates that the ED accept everyone in need.

In February, ENA will host a meeting in Washington, DC, with major stakeholders on the topic of ED crowding with the hopes of forming a coalition of nursing and medical groups to address the problem.

There are three things I would like every emergency nurse to do to begin to address crowding:

- First, learn the facts about ED crowding and boarding. There is an expanding body of knowledge on how crowding affects patient care. The ACEP white paper *Emergency Department Crowding: High Impact Solutions*¹ is a great synopsis of problems and solutions.
- Second, write your story. The best way to influence change is a combination of data and stories that bring the issue home to the public, to legislators, and to regulatory bodies. You are the best person to know just how crowding adversely affects your patients, their family, your peers, and yourself. Take a few minutes to write about a situation you have been personally involved in and how it affected everyone.
- Finally, tell your story. There are many ways to get the word out. ENA's 411 program (www.ena.org) links individual nurses with their legislators. When you call and begin a dialogue, you may become their contact person for health care. And just imagine the impact of each ENA member making just one phone call a week to our legislators—36,000 phone calls!

Now is the time for change, with a New Year, new president, new cabinet, and a new Congress. Who better to be driving that change than emergency nurses?

REFERENCE

1. Emergency department crowding: high impact solutions. Available at: http://www.acep.org/practres.aspx?id=32050&ekmensel=c580fa7b_90_202_32050_3. Accessed December 9, 2008.